

shall be conducted in accordance with the Commercial Arbitration Rules of the American Arbitration Association, as they may exist at the time that any dispute shall arise, and the award of any arbitration shall be final, conclusive and binding on the parties hereto and enforceable in any court having jurisdiction thereof.

(c) The parties to the arbitration shall each select an arbitrator within 15 days of the receipt by one of them of written notice from the other notifying of an intent to apply this section to a dispute. Within 15 days after the selection of the two arbitrators, the two selected shall select a third arbitrator who shall independently receive the dispute between the parties in accordance with the terms and conditions of this agreement. The arbitrators shall be individuals or firms with expertise in paging systems construction and operation, as well as in the subject matter of the dispute.

(d) Initially, each party shall pay the costs associated with its respective arbitrator and the costs of presenting its case, and the parties will divide equally the costs associated with the sue of the third arbitrator. But upon receipt of a ruling through the arbitration process, the prevailing party in the dispute shall be reimbursed by the non-prevailing party for all of its costs associated with the arbitration procedures, including but not limited to the cost of preparing and presenting its case.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the respective dates and in the respective locations set forth below.

Dec. 8 1991  
Date of Execution

Dorothy M. O'Neil  
Signature of Partner

Norwich, Ct.  
Place of Execution

Dorothy M. O'Neil  
Name of Partner (Print)

shall be conducted in accordance with the Commercial Arbitration Rules of the American Arbitration Association, as they may exist at the time that any dispute shall arise, and the award of any arbitration shall be final, conclusive and binding on the parties hereto and enforceable in any court having jurisdiction thereof.

(c) The parties to the arbitration shall each select an arbitrator within 15 days of the receipt by one of them of written notice from the other notifying of an intent to apply this section to a dispute. Within 15 days after the selection of the two arbitrators, the two selected shall select a third arbitrator who shall independently receive the dispute between the parties in accordance with the terms and conditions of this agreement. The arbitrators shall be individuals or firms with expertise in paging systems construction and operation, as well as in the subject matter of the dispute.

(d) Initially, each party shall pay the costs associated with its respective arbitrator and the costs of presenting its case, and the parties will divide equally the costs associated with the sue of the third arbitrator. But upon receipt of a ruling through the arbitration process, the prevailing party in the dispute shall be reimbursed by the non-prevailing party for all of its costs associated with the arbitration procedures, including but not limited to the cost of preparing and presenting its case.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the respective dates and in the respective locations set forth below.

12-8-91  
Date of Execution

Dorothy G. Posluszny  
Signature of Partner

New Milford, N.J. 07646  
Place of Execution

Dorothy H. Posluszny  
Name of Partner (Print)

shall be conducted in accordance with the Commercial Arbitration Rules of the American Arbitration Association, as they may exist at the time that any dispute shall arise, and the award of any arbitration shall be final, conclusive and binding on the parties hereto and enforceable in any court having jurisdiction thereof.

(c) The parties to the arbitration shall each select an arbitrator within 15 days of the receipt by one of them of written notice from the other notifying of an intent to apply this section to a dispute. Within 15 days after the selection of the two arbitrators, the two selected shall select a third arbitrator who shall independently receive the dispute between the parties in accordance with the terms and conditions of this agreement. The arbitrators shall be individuals or firms with expertise in paging systems construction and operation, as well as in the subject matter of the dispute.

(d) Initially, each party shall pay the costs associated with its respective arbitrator and the costs of presenting its case, and the parties will divide equally the costs associated with the sue of the third arbitrator. But upon receipt of a ruling through the arbitration process, the prevailing party in the dispute shall be reimbursed by the non-prevailing party for all of its costs associated with the arbitration procedures, including but not limited to the cost of preparing and presenting its case.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the respective dates and in the respective locations set forth below.

Dec. 25, 1991  
Date of Execution

Shigeo Wakamatsu  
Signature of Partner

Chicago, Illinois  
Place of Execution

SHIGEO WAKAMATSU  
Name of Partner (Print)

**DATA LINK PARTNERSHIP AGREEMENT  
EXHIBIT A - PAGE 1**

**THE MIDWEST**

<u>Site</u>	<u>MSA</u>	<u>Market Name</u>
1	3	Chicago, IL
2	3	Chicago, IL
3	5	Detroit, MI
4	11	St. Louis, MO/IL
5	13	Pittsburgh, PA
6	16	Cleveland, OH
7	21	Milwaukee, WI
8	23	Cincinnati, OH
9	28	Indianapolis, IN
10	31	Columbus, OH
11	37	Louisville, KY/IN
12	40	Dayton, OH
13	48	Toledo, OH/MI
14	52	Akron, OH
15	54	Gary-Hammond-East Chicago, IN
16	66	Youngstown-Warren, OH
17	68	Flint, MI

**FLORIDA**

1	12	Miami, FL
2	12	Miami, FL
3	22	Tampa, FL
4	51	Jacksonville, FL
5	60	Orlando, FL
6	72	West Palm Beach-Boca Raton, FL
7	114	Lakeland-Winter Haven, FL
8	137	Melbourne-Titusville-Palm Bay, FL
9	146	Daytona Beach, FL
10	164	Fort Myers, FL
11	167	Sarasota, FL
12	208	Fort Pierce, FL

**DATA LINK PARTNERSHIP AGREEMENT  
EXHIBIT A - PAGE 2**

**THE NORTHEAST**

<u>Site</u>	<u>MSA</u>	<u>Market Name</u>
1	25	Buffalo, NY
2	34	Rochester, NY
3	44	Albany-Schenectady-Troy, NY
4	53	Syracuse, NY
5	56	Northeastern Pennsylvania, PA
6	58	Allentown-Bethlehem-Easton, PA
7	63	Springfield-Chicopee-Holyoke, MA
8	105	Lancaster, PA
9	115	Utica-Rome, NY
10	118	Reading, PA
11	133	Manchester, NH
12	144	Orange County, NY

**TEXAS AND GULF COAST**

1	9	Dallas, TX (Dallas)
2	9	Dallas, TX (Ft. Worth)
3	9	Dallas, TX (Denton)
4	10	Houston, TX
5	29	New Orleans, LA
6	33	San Antonio, TX
7	75	Austin, TX
8	80	Baton Rouge, LA
9	81	El Paso, TX
10	100	Shreveport, LA
11	101	Beaumont-Port Arthur, TX
12	106	Jackson, MS
13	112	Corpus Christi, TX
14	162	Brownsville-Harlingen, TX
15	170	Galveston, TX
16	173	Biloxi-Gulfport, MI
17	174	Lafayette, LA
18	197	Lake Charles, LA
19	255	Odessa, TX
20	300	Victoria, TX

**DATA LINK PARTNERSHIP AGREEMENT  
EXHIBIT A - PAGE 3**

**THE SOUTH**

<u>Site</u>	<u>MSA</u>	<u>Market Name</u>
1	17	Atlanta, GA
2	17	Atlanta, GA
3	41	Birmingham, AL
4	43	Norfolk-VA Beach-Portsmouth, VA/NC
5	36	Memphis, TN/AR/MS
6	46	Nashville-Davidson, TN
7	47	Greensboro-Winston Salem-High Point, NC
8	59	Richmond, VA
9	61	Charlotte-Gastonia-Rock Hill, NC
10	67	Greenville-Spartanburg, SC
11	71	Raleigh-Durham, NC
12	79	Knoxville, TN
13	83	Mobile, AL
14	85	Johnson City-Kingsport-Bristol, TN
15	88	Chattanooga, TN/GA
16	90	Charleston-North Charleston, SC
17	95	Columbia, SC
18	104	Newport News-Hampton, VA
19	108	Augusta, GA/SC
20	120	Huntsville, AL

**THE WEST**

1	15	Minneapolis-St. Paul, MN/WI
2	19	Denver, CO
3	20	Seattle-Everett, WA
4	24	Kansas City, MO/KS
5	26	Phoenix, AZ
6	30	Portland, OR/WA
7	39	Salt Lake City-Ogden, UT
8	45	Oklahoma City, OK
9	57	Tulsa, OK
10	50	Honolulu, HI
11	65	Omaha, NE/IA
12	74	Fresno, CA
13	77	Tucson, AZ
14	82	Tacoma, WA
15	86	Albuquerque, NM
16	89	Wichita, KS
17	91	San Juan-Caugas, PR
18	92	Little Rock-North Little Rock, AR
19	97	Bakersfield, CA

### EXHIBIT B

Name: Attached

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fractional  
Interest: \_\_\_\_\_

### EXHIBIT C

The name of the General Partnership is:  
New Age General Partners

### EXHIBIT D

The initial address of the General Partnership is:  
240 Bluff View Drive

Street

Guilford

City

CT 06437

State Zip

### EXHIBIT E

The initial Designated Partner of the General Partnership is:  
Robert W. Geist

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE SERVICE

Exhibit E

Partnership Name Addendum  
to Line 1 - Name of Applicant

Partner Name  
-----

- 1) Hanna G. Evans
- 2) Rick Martin
- 3) Harvey Babbitt
- 4) Orchard Hill Memorial Park, Inc.
- 5) Theodore D. Lesko
- 6) Dorothy A. Posluszny
- 7) Joseph A. Malone
- 8) Dorothy M. O'Neil
- 9) Robert W. Geist
- 10) Shigeo Wakamatsu



APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY


FCC NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a) 1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

9C. DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) <b>500'N PA Tnpk @ Exit6</b>		B. CITY: <b>Monroeville</b>	
C. COUNTY: <b>Allegheny</b>	D. STATE: <b>PA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>40-26-47</b> N LONGITUDE: <b>79-45-28</b> W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO  
IF YES, BY HOW MANY FEET?

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Crown Commun.</b>	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>YX</b>	
12E. CURRENT LICENSEE'S CALL SIGN: <b>WNOJ845</b>	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **500** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **1190** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **Pittsburgh Monroeville**16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: **NW 2.25 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

**FOR COMMISSION USE ONLY**


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

**FCC/MELTON JAN 9 1992**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

1. NAME OF APPLICANT: <b>New Age General Partners</b>			3. CALL SIGN: (If application refers to an existing Part 94 station)		
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>			4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)		
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.			5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>		
			5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>		
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION			7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 					
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED		
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) <b>189 Van Rensselaer St.</b>		B. CITY: <b>Buffalo</b>
C. COUNTY: <b>Erie</b>	D. STATE: <b>NY</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>42-52-30 N</b> LONGITUDE: <b>78-51-03 W</b>
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>FT</b>		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Motorola</b>	FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>CD</b>		
12E. CURRENT LICENSEE'S CALL SIGN: <b>KNKO264</b>		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>425 FT</b>		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) <b>FT</b>		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) <b>FT</b>		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? <b>FT</b>		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>580 FT</b>		
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>Greater Buffalo Intl.</b>	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>NE 7.2 Mi</b>	

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB  
3060-0064  
Expires 10/31/92  
See instructions for information  
regarding public burden estimate.

FOR COMMISSION USE ONLY

FILE NUMBER:

SEND TO ASB:

☐ YES

☐ NO

FCC/MELLON JAN 07 1993

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	

9A. PURPOSE OF APPLICATION:

☒ NEW STATION

☐ MODIFICATION  
(SEE 9B & 9C)

☐ MODIFICATION  
WITH RENEWAL  
(SEE 9B & 9C)

☐ ASSIGNMENT OF  
AUTHORIZATION

☐ OTHER  
(SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

**321 Lake Ave.**

B. CITY:

**Rochester**

C. COUNTY:

**Monroe**

D. STATE:

**NY**

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **43-10-15N** N LONGITUDE: **77-37-42W** W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☐ YES ☒ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☐ NO  
FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

12D. CURRENT LICENSEE'S RADIO SERVICE:

12E. CURRENT LICENSEE'S CALL SIGN:

FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT

FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)

**160** FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)

**13** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?

**173** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE

**490** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA

**Greater Rochester Int'l**

16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY

**SW 3.5 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB  
3060-0064  
Expires 10/31/92  
See instructions for information  
regarding public burden estimate.

FOR COMMISSION USE ONLY

NUMBER:


SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 07 1993

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	

9A. PURPOSE OF APPLICATION:  
☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) <b>Helderberg Mts.</b>	B. CITY: <b>New Salem</b>
C. COUNTY: <b>Albany</b>	D. STATE: <b>NY</b>
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>42-37-42</b> N LONGITUDE: <b>74-00-41</b> W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Wells Comm. Serv.</b>	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>YX</b>	
12E. CURRENT LICENSEE'S CALL SIGN: <b>WNJH514</b>	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **160** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **1800** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA **Schenectady Co.** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **NE 13 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

**FOR COMMISSION USE ONLY**


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) <b>S. Presidential Plaza</b>	B. CITY: <b>Syracuse</b>
C. COUNTY: <b>Onondaga</b>	D. STATE: <b>NY</b>
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>43-02-50 N</b> LONGITUDE: <b>76-08-37 W</b>	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:	
12E. CURRENT LICENSEE'S CALL SIGN:	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT. FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE). 270 FT	
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0). 13 FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 283 FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE. 400 FT	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>Hancock Int'l</b>	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>N 5 Mi</b>

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB  
3060-0064

Expires 10/31/92

See instructions for information  
regarding public burden estimate.

FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO


FCC/MELLON JAN 07 1993

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	

9A. PURPOSE OF APPLICATION:

☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) <b>Penobscot Mountain</b>	B. CITY: <b>Wilkes Barre</b>
C. COUNTY: <b>Luzerne</b>	D. STATE: <b>PA</b> E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>41-10-58</b> N LONGITUDE: <b>75-52-26</b> W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO  
IF YES, BY HOW MANY FEET? **FT**

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Donahue Ambulance</b>	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>PS</b>	
12E. CURRENT LICENSEE'S CALL SIGN: <b>WZN818</b>	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **849** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**

HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **2949** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA **Wilkes-Barre** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **N 7 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a) 1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) <b>1440 Walnut St.</b>		B. CITY: <b>Allentown</b>	
C. COUNTY: <b>Lehigh</b>	D. STATE: <b>PA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>40-35-47 N</b> LONGITUDE: <b>75-29-12 W</b>	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:		FOR COMMISSION USE ONLY	
12D. CURRENT LICENSEE'S RADIO SERVICE:		ASB:	
12E. CURRENT LICENSEE'S CALL SIGN:			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND. ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT ..... FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) ..... <b>234</b> FT			
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) ..... <b>13</b> FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? ..... <b>247</b> FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE ..... <b>370</b> FT			
16A. NAME OF NEAREST AIRPORT LANDING AREA <b>Allentown Queen City Municipal</b>		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>S 1.5 Mi</b>	

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>	3. CALL SIGN: (If application refers to an existing Part 94 station)
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>	4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.	5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>
	5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY	7. CLASS OF STATION: (enter code) <b>FXO</b>
	8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) <b>222 Mountain Rd.</b>	B. CITY: <b>Hampden</b>	
C. COUNTY: <b>Hampden</b>	D. STATE: <b>MA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>42-05-01</b> N LONGITUDE: <b>72-24-54</b> W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Fed. Express Corp.</b>	FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>GB</b>		
12E. CURRENT LICENSEE'S CALL SIGN: <b>KNFU702</b>		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>100</b> FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>862</b> FT		
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>Westover AFB</b>	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>W 12 Mi</b>	



**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

**FOR COMMISSION USE ONLY**

NUMBER:


SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

FCC/MELTON JAN 07 1992

**SECTION I-IDENTIFICATION INFORMATION**

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	

9A. PURPOSE OF APPLICATION:  
☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) <b>8 North Queen St.</b>		B. CITY: <b>Lancaster</b>	
C. COUNTY: <b>Lancaster</b>	D. STATE: <b>PA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>40-02-17 N</b> LONGITUDE: <b>76-18-23 W</b>	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Metromedia Paging</b>	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>CD</b>	
12E. CURRENT LICENSEE'S CALL SIGN: <b>KNKD379</b>	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 211 FT

HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 40 FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 251 FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 357 FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA **New Holland** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **E 12 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Expires 10/31/92  
See instructions for information  
regarding public burden estimate.

**FOR COMMISSION USE ONLY**


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) <b>100 Fifth St. N</b>		B. CITY: <b>Reading</b>	
C. COUNTY: <b>Berks</b>	D. STATE: <b>PA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>40-20-14 N</b> LONGITUDE: <b>75-55-39 W</b>	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO FT			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE:			
12E. CURRENT LICENSEE'S CALL SIGN:			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)			180 FT
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)			13 FT
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?			193 FT
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE			260 FT
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>Reading</b>		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>N 1 Mi</b>	

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICESee instructions for information  
regarding public burden estimate.

## FOR COMMISSION USE ONLY

NUMBER:		SEND TO ASB: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.			
<b>SECTION I-IDENTIFICATION INFORMATION</b>			
1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a) 1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
DESCRIBE ANY OTHER CHANGES:			
10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>SECTION II-ANTENNA INFORMATION</b>			
11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) <b>269 Grace Rd.</b>		B. CITY: <b>Driveled Twnshp.</b>	
C. COUNTY: <b>Oneida</b>	D. STATE: <b>NY</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>43-08-34N</b> N LONGITUDE: <b>75-10-34W</b> W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Newport Telephone</b>		<b>FOR COMMISSION USE ONLY</b> ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>YB</b>			
12E. CURRENT LICENSEE'S CALL SIGN: <b>WNVH707</b>			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>120</b> FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT			
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>1190</b> FT			
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>Riverside</b>		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>WSW 4.3 Mi</b>	

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY

NUMBER:		SEND TO ASB: <input type="checkbox"/> YES <input type="checkbox"/> NO																																					
FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.																																							
<b>SECTION I-IDENTIFICATION INFORMATION</b>																																							
1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)																																					
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)																																					
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7A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)		7. CLASS OF STATION: (enter code) <b>FXO</b>																																					
		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>																																					
9B. <table border="1" style="width:100%"><thead><tr><th>PATH</th><th>ACTION</th><th colspan="4">OLD VALUE OF KEY ITEMS CHANGED</th></tr></thead><tbody><tr><td>A</td><td><input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE</td><td>20</td><td>30</td><td>31</td><td>32</td></tr><tr><td>B</td><td><input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE</td><td>20</td><td>30</td><td>31</td><td>32</td></tr><tr><td>C</td><td><input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE</td><td>20</td><td>30</td><td>31</td><td>32</td></tr><tr><td>D</td><td><input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE</td><td>20</td><td>30</td><td>31</td><td>32</td></tr><tr><td>E</td><td><input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE</td><td>20</td><td>30</td><td>31</td><td>32</td></tr></tbody></table>				PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED				A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
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<b>SECTION II-ANTENNA INFORMATION</b>																																							
11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:																																							
A. NUMBER AND STREET: (or other specific indication) <b>Uncanoonuc Mtns.</b>		B. CITY: <b>Manchester</b>																																					
C. COUNTY: <b>Hillsborough</b>	D. STATE: <b>NH</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>42-59-04 N</b> LONGITUDE: <b>71-35-22 W</b>																																					
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																							
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT																																							
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Motorola</b>		FOR COMMISSION USE ONLY ASB:																																					
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>YX</b>																																							
12E. CURRENT LICENSEE'S CALL SIGN: <b>KNEV989</b>																																							
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>120</b> FT																																							
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14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT																																							
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>1285</b> FT																																							
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>Manchester</b>		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: <b>SE 6.8 Mi</b>																																					

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB

3060-0064

Expires 10/31/92

See instructions for information  
regarding public burden estimate.

## FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 		7. CLASS OF STATION: (enter code) <b>FXO</b>	
		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) <b>55 Fulton St.</b>		B. CITY: <b>Middletown</b>	
C. COUNTY: <b>Orange</b>	D. STATE: <b>NY</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>41-26-32 N</b> LONGITUDE: <b>74-25-17 W</b>	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO FT			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE:			
12E. CURRENT LICENSEE'S CALL SIGN:			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT			
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14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 110 FT			
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 13 FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 123 FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 520 FT			
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>Shan-wo Valley</b>		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>N 8 Mi</b>	

**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Approved by OMB  
3060-0064

Expires 10/31/92

See instructions for information  
regarding public burden estimate.


**FOR COMMISSION USE ONLY**

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) <b>1200'fr.Centreville Pike</b>		B. CITY: <b>Virginia Beach</b>
C. COUNTY: <b>Virginia Beach</b>	D. STATE: <b>VA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>36-46-52N</b> N LONGITUDE: <b>76-11-43W</b> W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>So. Bell Telephone</b>	FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>CD</b>		
12E. CURRENT LICENSEE'S CALL SIGN: <b>KIG295</b>		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC MOUNTED ON IT <b>467</b> FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT		
HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>23</b> FT		
16A. NAME OF NEAREST AIRCRAFT LANDING AREA <b>US Navy Pentress Field</b>	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SSE 6 Mi</b>	

APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


## FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES☐ NO FCC/MELLON JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) <b>900 Terminal Place</b>		B. CITY: <b>Richmond</b>	
C. COUNTY: <b>Richmond</b>	D. STATE: <b>VA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>37-33-42 N</b> LONGITUDE: <b>77-28-03 W</b>	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☐ YES ☒ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☐ NO  
IF YES, BY HOW MANY FEET? **100** FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

FOR COMMISSION USE ONLY

12D. CURRENT LICENSEE'S RADIO SERVICE:

ASB:

12E. CURRENT LICENSEE'S CALL SIGN:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **100** FT14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC. **113** FT14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **100** FT14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **13** FT14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **113** FT15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **200** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA  
**Byrd International**16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SE 8 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

**FOR COMMISSION USE ONLY**

NUMBER:

SEND TO ASB: ☐ YES ☐ NO


FCC/ME/100 JAN 07 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

**SECTION I-IDENTIFICATION INFORMATION**

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: <b>(203) 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a) 1</b>	

9A. PURPOSE OF APPLICATION:

☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

**SECTION II-ANTENNA INFORMATION**

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) <b>Rt. 610 off Rt. 3</b>		B. CITY: <b>Fredericksburg</b>	
C. COUNTY: <b>Spotsylvania</b>	D. STATE: <b>VA</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>38-17-04</b> N LONGITUDE: <b>77-35-41</b> W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Ram Communications</b>	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>CD</b>	
12E. CURRENT LICENSEE'S CALL SIGN: <b>KNKE206</b>	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **295** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **228** FT

16A. NAME OF NEAREST AIRCRAFT LANDING AREA **Shannon** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **E 7.5 Mi**



APPLICATION FOR STATION AUTHORIZATION IN THE  
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

## FOR COMMISSION USE ONLY

F NUMBER:


SEND TO ASB:

☐ YES☒ NO

EXPIRATION JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

## SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: <b>New Age General Partners</b>		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) <b>240 Bluff View Drive Guilford, CT 06437</b>		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: <b>Robert W. Geist</b>	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: <b>203 347-7636</b>	
7. CLASS OF STATION: (enter code) <b>FXO</b>		8. ELIGIBILITY RULE SECTION: <b>90.75(a)1</b>	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

## SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) <b>350 NW 215th St</b>		B. CITY: <b>Miami</b>	
C. COUNTY: <b>Dade</b>	D. STATE: <b>FL</b>	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: <b>25-58-15</b> N LONGITUDE: <b>80-12-32</b> W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: <b>Di Rico, Frank</b>		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: <b>YS</b>			
12E. CURRENT LICENSEE'S CALL SIGN: <b>WNNM833</b>			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT <b>1044</b> FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT			
9. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE <b>5</b> FT			
16A. <del>ONE TO FOUR</del> NEAREST AIRCRAFT LANDING AREA:		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY <b>SW 5.5 Mi</b>	